

APPLICATION FOR MARRIAGE LICENSE

Floyd County

File 115

4/21/98  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 4/21/98  
Name of Physician Dr. Bickers

MALE APPLICANT	
Name	First <u>David</u> Middle <u>J</u> Last <u>Reynolds</u>
Date of Birth	Month <u>9</u> Day <u>15</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8954 N CINTY RD 675E</u> City <u>Seymour, Ind.</u> State <u>JACKSON</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>N/A</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. <u>N/A</u>	
6. (a) Full name of applicant's father <u>David W. Reynolds</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Marilyn R. Book</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Barbara</u> Middle <u>A.</u> Last <u>Shirley</u>
Date of Birth	Month <u>12</u> Day <u>2</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1114 Quirt Way NA.</u> City <u>Floyd, Ind</u> State <u>IND</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. <u>N/A</u>	
6. (a) Full name of applicant's father <u>Raymond J. Shirley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Marilyn M. Osterholt</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ky</u>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David J. Reynolds 4/21/98  
Signature of Applicant Date

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Barbara A Shirley 4/21/98  
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of Floyd ) ss: I swear/affirm that the information given in this application is true and correct.

X Signed David J. Reynolds 4/21/98  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 21<sup>st</sup> day of April, 1998  
Betty J. Hammond Clerk of the Floyd Circuit Court

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of Floyd ) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Barbara A Shirley  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 21<sup>st</sup> day of April, 1998  
Betty J. Hammond Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of \_\_\_\_\_ ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of \_\_\_\_\_ ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 4/21/98, authorizing the marriage of DAVID J. REYNOLDS and BARBARA A. SHIRLEY.

I further certify that the following marriage certificate was filed in my office:  
I, REV. JERRY RAIRDON (name), certify that on 4/25/98 (date), at NEW ALBANY in FLOYD County, Indiana, DAVID J. REYNOLDS of JACKSON County, INDIANA (state), and BARBARA A SHIRLEY of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated \_\_\_\_\_

Signed by: REV. JERRY RAIRDON/ PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 4/25/98 (date).

Signed BETTY J. HAMMOND Clerk  
FLOYD Circuit Court